



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN 66005171	DATE OF INSPECTION 04-13-08
LOCATION OF INSTRUMENT (STREET AND CITY) 303 E. 3rd Joplin	TIME OF INSPECTION 2357
CHECKLIST	

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- ☒ DVM TEST: (350 ± .150) **.315**
- ☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) **ok**
- ☒ CHARACTER DISPLAY TEST **ok**
- ☒ PRINT TEST (PRINTOUT ATTACHED) **ok**
- ☒ TIME AND DATE **ok**
- ☒ CALIBRATION CHECK —
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)
- ☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- ☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
- (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <input checked="" type="checkbox"/> .097	TEST 2 <input checked="" type="checkbox"/> .098	TEST 3 <input checked="" type="checkbox"/> .098
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- ☒ SIMULATOR TEMPERATURE (34° ± 2°C) **34°C**
- ☒ PERFORM RFI TEST (PRINTOUT ATTACHED)
- ☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	9	0-.04	4	.05-.09	8	.10-.14	17	.15-.19	17	Over .19	6
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument within DOH regulations

Guth Lab .10 Lot# 07170 Exp. 07-12-08

INSPECTING OFFICER	
SIGNATURE Shelby Howard	PRINT NAME Shelby Howard
TYPE II PERMIT NUMBER/EXPIRATION DATE 720060 03-12-09	TELEPHONE NUMBER (417) 623-3131

SN 66-005171
E735.23

04/13/2009
20:50

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789

DUBLIN POLICE DEPT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005171
04/13/2009

DIAGNOSTIC TEST

20:57

PROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
EEPROM CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789

SUBJECT'S NAME

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

TIME FIRST OBSERVED

INSTRUMENT LOCATION

S. Howard SM

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

S. Howard SM

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

RI 66-885171
8/15/23
TOXALIS TEST
INHIBITED - RFI

04/14/2008
00:00

ROSLIN POLICE DEPT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5009 RI 66-885171
04/14/2008

TEST	MSAC	TIME
AIR BLANK	.000	28:50
CAL. CHECK	.000	29:50
AIR BLANK	.000	30:50
CAL. CHECK	.000	31:50
AIR BLANK	.000	32:50
CAL. CHECK	.000	33:50
AIR BLANK	.000	34:50

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

S. Howard *548*

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

S. Howard *548*

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random samples of Lot Number 07170 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain .1197 percent (w/vol) ethyl alcohol. The expiration date for this lot number is July 12, 2008, at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



SHELBY HOWARD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

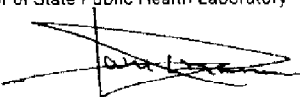
Date 3/12/2007

Number **720060**

Expires 3/12/2009

MO 580-0771 (7-88)


Director of State Public Health Laboratory



Director, Department of Health

Lab. 4 (R7-88)